



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
19 Golden Valley		0407 Ryegate K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	Barber	76	0.95	22	12/29/04	_____	_____
100	1	east/west	104	0.95	21	12/29/04	_____	_____
100	1	north(3)	128	0.95	16	12/29/04	_____	_____
100	1	south	80.2	0.95	30	01/21/05	_____	_____



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Date		Signature, Chair, Board of Trustees						
County: 19 Golden Valley		District: 0411 Lavina K-12 Schools					District Level: High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	2	1	36	1.15	53	01/06/05	_____	_____
100	2	2	77.2	1.15	59	01/06/05	_____	_____
100	2	3	108	0.95	30	01/06/05	_____	_____